

1 AMENDMENT TO HOUSE BILL 2772

2 AMENDMENT NO. _____. Amend House Bill 2772 by replacing
3 the title with the following:

4 "AN ACT concerning insurance." and

5 by replacing everything after the enacting clause with the
6 following:

7 "Section 5. The Illinois Insurance Code is amended by
8 adding Section 368c as follows:

9 (215 ILCS 5/368c new)

10 Sec. 368c. Payments.

11 (a) After the effective date of this amendatory Act of
12 the 93rd General Assembly, health care professionals or
13 health care providers offered a contract for signature by an
14 insurer, health maintenance organization, independent
15 practice association, or physician hospital organization to
16 be paid on a service by service basis shall, upon request, be
17 provided copies of the fee schedule or payment arrangement
18 and amounts for each health care service to be provided under
19 the contract prior to signing the contract. If the health
20 care professional or health care provider is not paid on a
21 service by service basis, the amounts payable and terms of

1 payment under that alternative payment system shall be
2 provided upon request.

3 (b) Payments under a contract with a health care
4 professional or health care provider shall not be changed
5 based upon rates agreed to by the professional or provider in
6 another contract with an insurer, health maintenance
7 organization, independent practice association, or physician
8 hospital organization. Nothing in this Section shall be
9 construed to prevent an insurer, health maintenance
10 organization, independent practice association, or physician
11 hospital organization from renegotiating its payments under a
12 contract with a health care professional or health care
13 provider.

14 (c) A payment statement shall be furnished to a health
15 care professional or health care provider paid on a service
16 by service basis for services provided under the contract
17 that identifies the disposition of each claim, including
18 services billed, the patient responsibility, if any, the
19 actual payment, if any, for the services billed by CPT or
20 other appropriate code, and the reason for any payment
21 reduction to the claim submitted, including any withholds,
22 and the reason for denial of any claim. Nothing in this
23 Section requires that a health care professional or health
24 care provider be paid on a service by service basis. Payments
25 may be made based on capitation and other payment
26 arrangements. Health care professionals and health care
27 providers shall be allowed to collect co-payments,
28 co-insurance, deductibles, and payment for non-covered
29 services directly from patients except as otherwise provided
30 by law. An insurer, health maintenance organization,
31 independent practice association, or physician hospital
32 organization may pay for covered services either to a patient
33 directly or a non-participating health care professional or
34 health care provider.

1 (d) When a person presents a health care service
2 benefits information card, a health care professional or
3 health care provider shall inform the person if he or she is
4 not participating with the insurer, health maintenance
5 organization, independent practice organization, or physician
6 hospital organization issuing the card.

7 Section 99. Effective date. This Act takes effect on
8 December 1, 2003."